



Workshop: Sat., Oct. 18, 2014  
Shirley, MA

Hunt: Sat., Dec. 6, 2014  
Devens RFTA, MA

# Deer Hunting Workshop



Presented by: **MA Division of Fisheries & Wildlife** in conjunction with  
**Shirley Rod & Gun Club and Devens Reserve Forces Training Area**

**Please note that this is a two-part program.  
Priority will be given to *new hunters and first-time participants.***

- No previous hunting experience required. First Timers **must** take the seminar segment.
- Hunt Participants **must** have a shotgun and a valid 2014 Massachusetts hunting license.

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Becoming an Outdoors-Woman in Massachusetts!**

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**or Call:** (508) 389-6300

# Deer Hunting Workshop

**Shirley Rod & Gun Club • Saturday, October 18, 2014**

**Devens RFTA, MA • Saturday, December 6, 2014**

**Seminar: \$25.<sup>00</sup> • Hunt: \$55.<sup>00</sup> • Combo: \$70.<sup>00</sup>**

This is a 2-part workshop. Part A is a deer hunting workshop for both adult women and men (18<sup>+</sup>). Part B is a guided deer hunt for adult women. Returning female participants may sign up for Part A, Part B, or a combination. New female participants may sign up for Part A or a combination. New male participants may only sign up for Part A.

If you have any questions, please call (508) 389-6300.

Please complete and return all **Registration Forms** (pgs. 3-5) by Oct. 13, 2014!

**Part A: SEMINAR**      **Cost: \$25**      **Limit: None**

**Saturday, October 18, from 9 AM - 4 PM**

The seminar will provide information on deer ecology, deer behavior and Massachusetts' deer management. It will provide an overview of deer hunting strategies and allow you to select the type of hunting that is right for you. It will also provide an opportunity to check your hunting gear and to sight in your shotgun with expert assistance. If you have not hunted deer before or have minimal experience, you need this seminar. If you have not previously hunted deer with this program on the Devens RFT Area, you **must** take this seminar. If you have taken the seminar in the past three years, the seminar can be waived. (Cost includes instruction, materials, and lunch.)

**Part B: DEER HUNT**      **Cost: \$55**      **Limit: 20 participants**

**Saturday, December 6**

Participants must have a valid 2014 Massachusetts Hunting or Sporting license. An antlerless deer permit for Zone 9 is not essential, but useful. You will need a shotgun and ammunition with which you have practiced. We will be shooting deer slugs only. You will also need warm, water repellant clothing that can be layered and a comfortable pair of hiking/hunting boots. Additional information will be sent to registrants. (Cost includes guide service, field assistance and a light lunch and dinner.)

**COMBINATION Seminar and Hunt**      **Cost: \$70**

***ACT NOW! REGISTRATION IS LIMITED!***

No Refunds after October 13 (Seminar) and November 21 (Hunt), 2014

Scholarship Assistance Available • Need More Information? 508-389-6300

Please make check payable to: **Becoming an Outdoorswoman/MS**

Massachusetts Division of Fisheries & Wildlife, 1 Rabbit Hill Road, Westborough, MA 01581

# Deer Hunting Workshop

## Registration Coupon

Yes! Count me in for the Deer Hunting Workshop, October 18 & December 6, 2014.

(Prices include instruction, materials, meals)

Check One: ☐ **PART A** – Seminar: \$25

☐ **PART B** – Hunt: \$55 (**adult women only**)

☐ **COMBINED** Seminar and Hunt: \$70 (**adult women only**)

Name \_\_\_\_\_ Daytime telephone # \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e-mail address \_\_\_\_\_ Cellphone # \_\_\_\_\_

Number of years of hunting experience: \_\_\_\_\_ Is this your first B.O.W. hunt? \_\_\_\_\_

2014 Hunting License #: \_\_\_\_\_

Make and gauge of the shotgun you will use: \_\_\_\_\_

Do you have an Antlerless Deer Permit for Zone 9? ☐ Yes ☐ No

Will you be staying for dinner/wrap-up (at 5:00)? ☐ Yes ☐ No

Telephone number **and** e-Mail address at which you can be reached on Friday PM/evening in case of scheduling change: \_\_\_\_\_



**Special Needs:** If you have a disability, medical condition or special diet requirements, please indicate them with your registration. We will do our best to accomodate your needs. For more information, call (508) 389-6300.

No Refunds after October 13 (Seminar) and November 21 (Hunt), 2014

Please make check payable to: **Becoming an Outdoorswoman / MSC**

Mail completed forms and check to the address, below:

Becoming an Outdoorswoman,

Massachusetts Division of Fisheries & Wildlife, 1 Rabbit Hill Road, Westborough, MA 01581



# MEDICAL HISTORY QUESTIONNAIRE

ALL INFORMATION WILL BE HELD CONFIDENTIAL

**Please read:** This form is intended to remind staff and participants of the seriousness of attempting adventure activities with an old, pre-existing injury, heart problem or other conditions that might be aggravated by the event.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Medical Ins. Co.: \_\_\_\_\_ Policy#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE:** Please check "yes" or "no" and provide additional details where required.

1. Any pre-existing injuries (ankles, knees, back, etc.) that might be aggravated by the event? Yes\_\_ No\_\_
2. Taking any current medication? Yes\_\_ No\_\_
3. Any heart problems or heart medication? Yes\_\_ No\_\_
4. Do you have high blood pressure? Yes\_\_ No\_\_
5. Do you foresee any problem participating in the upcoming programs due to a lack of physical exercise at home? Yes\_\_ No\_\_
6. Do you have any allergies (food, bees, insects), reactions to medications, or physical limitation? Yes\_\_ No\_\_

**Please list allergies or dietary restrictions:**

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**Please indicate below any health history/problems you feel the staff should be aware of:**

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## EMERGENCY MEDICAL AUTHORIZATION

The attached health history is correct to the best of my knowledge, and I am able to engage in all activities, except as specifically noted by me and a physician. In the event of an emergency, I hereby give permission to a physician to hospitalize, secure proper anesthesia, or to order injection or surgery, or other medical procedures required in an emergency situation.

I give consent for the Massachusetts Division of Fisheries & Wildlife (hereinafter MDFW), to provide medical attention, transportation and emergency medical services as warranted by the circumstances.

I am in good physical condition, and am not aware of any disease or injury that would be aggravated or result in my being incapacitated or injured during any program participation except as signed herein.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_



## Becoming an Outdoorswoman in Massachusetts

### LIABILITY

If I am injured or suffer any illness or disease while residing at and/or participating in programs of the MDFW, except as may be caused by the grossly negligent or reckless conduct of the MDFW and their agents, employees and volunteers, I agree to hold MDFW or their agents, employees, volunteers or the host site harmless for said injury, illness, or disease.

I further understand and agree to abide by the general rules of conduct prescribed for the guests of MDFW and violations may result in a denial of privileges, a forfeiture of all fees paid, and immediate removal from the hosting property.

**I HAVE READ THIS RELEASE. I UNDERSTAND THAT IT AFFECTS LEGAL RIGHTS AND RESPONSIBILITIES, AND I HEREBY AGREE AND CONSENT TO THE TERMS AND CONDITIONS AND HEREBY WAIVE ANY CLAIMS ARISING WHILE RESIDING AND/OR PARTICIPATING IN THE PROGRAMS OF THE MDFW.**

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

### PHOTO RELEASE

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Email: \_\_\_\_\_

Workshop Title: \_\_\_\_\_ Location: \_\_\_\_\_

The applicant recognizes that participation in any of the activities making up the B.O.W. program involves an element of risk. By signing below the applicant affirms that she/he is aware of the risk of accident or injury, that she/he takes full responsibility of her/his participation and waives the right to seek damages from the Massachusetts Division of Fisheries & Wildlife and its staff, the Becoming an Outdoors-Woman program staff or instructors, and site hosts. Participant also agrees that images or video taken of her/him during the BOW workshops may be used in future materials describing and/or promoting the program.

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please print name:** \_\_\_\_\_